

Physician Orders for Scope of Treatment (POST)

Executive Summary

Physician Orders for Scope of Treatment (POST) is a program designed to help health care professionals honor the treatment decisions of their patients. POST improves the quality of patient care and reduces medical errors by creating a system that identifies patients' wishes regarding medical treatment and communicates and respects them by creating portable medical orders. It is based on the principles of informed consent and allows decision to be made ahead of a crisis.

POST is a part of the National Physician Orders for Life Sustaining Treatment (POLST) Paradigm.

Background:

POST is a tool for translating patient's goals of care into medical orders so that they are easily located and portable across care settings. POST is not just a specific set of medical orders documented on a form; it is also an approach to end-of-life planning based on conversations between patients, loved ones, and medical professionals.

The POST Program is designed to ensure that seriously ill patients can choose the treatments they want and that their wishes are honored by medical providers. A key component of the system is thoughtful, facilitated advance care planning conversations between health care professionals and patients and those close to them. ***Completion of a POST form requires shared decision making between the health care professional signing the form and the patient, or his/her legally authorized health care representative.*** To complete the POST form, there must be a discussion of the patient's diagnosis and prognosis; the available treatment options given the current circumstances, including the benefits and burdens of those treatments; and the patient's goals of care and preferences of treatment. Together, they reach an informed decision about desired treatment, based on the person's values, beliefs and goals for care. Then, if the patient wishes, his/her health care professional completes and signs a POST form based on the patient's expressed treatment decisions.

POST is not for everyone; only patients with serious advanced illnesses should have a POST form. For patients where a POST is appropriate, their current health status indicates the need for standing medical orders for emergent or future medical care. ***The POST form is for seriously ill patients for whom their physicians would not be surprised if they died in the next year.*** It would be inappropriate to provide a POST to all patients, and completion of a POST form is always voluntary.

Why is POST Necessary?

POST fills a gap that cannot be met by an advance directive or an out-of-hospital Do-Not-Resuscitate (DNR) form. Emergency Medical Services (EMS) are required by law to provide aggressive treatment unless otherwise directed by a medical order. In the absence of a POST form patients will receive advanced cardiac life support, including cardiopulmonary resuscitation (CPR), endotracheal intubation, and defibrillation by emergency medical personnel based on standard protocols. In addition, DNR forms specify address cardiac life support and are only applicable when a person is not breathing and has no pulse. The POST form is more specific and addresses additional medical interventions such as intubation, transport, antibiotics, cardioversion, tube feeding and hospitalization.

Table 1: Comparison of Advance Directives, DNR and POST

Characteristics	Advance Directive (healthcare wishes + Designation of Patient Advocate)	Out -of-Hospital DNR form	POST
Type of Document	Legal Document; highly variable	Medical Order, not standard	Medical Order; standard
Intended Population	Recommended for all competent adults	Any individual aged 18 years or older; those with specific religious wishes	Serious advanced illness or frailty; not surprising if died within 12 months
Who Completes	Individual	Physician	Healthcare professional
Required signatures to be valid	Signed by an individual, DPOAH (acceptance), 2 witnesses	Physician, and individual/DPOAH/Guardian	Provider (MD/DO, NP, PA), and individual/DPOAH/Guardian
Communication about medical treatments	General wishes about medical treatments the individual does/does not want; hypothetical	No Cardiopulmonary Resuscitation (CPR) if the individual is not breathing <u>and</u> has no pulse	In addition to CPR, specifies medical treatments the individual does/does not want, creates medical orders based on the individual's current state of health
Ability for EMS to honor	Emergency personnel cannot follow, <u>not</u> a medical order. AD's are later reviewed by hospital staff.	Directs emergency personnel	Directs emergency personnel
Appointment of Surrogate	Appoints a Patient Advocate	Does not appoint a decision-maker	Does not appoint a decision-maker
Location	Not immediately available.	Is a medical order in the medical record, travels with patient	Is a medical order in the medical record, travels with patient
Ease of Interpretation	May be vague and need interpretation	Easily interpreted	Easily interpreted

POST Summarized:

- Only for those who are medically frail, it would not be surprising to the healthcare provider if the individual were to die within 12 months.
- Enables Providers to order treatments patients want and to direct the treatments that are not wanted.
- Allows the patient to make medical decisions consistent with his/her values and belief system.
- Follows principles of informed consent.
- Requires that ordinary measures, such as comfort, and food and fluids by mouth are provided as tolerated.
- Follows current Michigan law as for surrogate decision-making: Patient Advocate/DPOAH and Guardians.
- May be changed or revoked at any time by the individual or his/her authorized healthcare decision-maker (Patient Advocate or Court-appointed Guardian).